

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
JUL 08 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-00850  
Date: 8-19-13  
Amount Paid: \$175  
Refund: \$175  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Jason Peterson</u>	Mailing Address: <u>PO Box 111</u>	City/State/Zip: <u>Iron River WI 54847</u>	Telephone: <u>(715) 322-5852</u>
Address of Property: <u>71595 Hoover Line Rd</u>	City/State/Zip: <u>Iron River WI 54847</u>	Contractor Phone: <u>(715) 715-1578</u>	Cell Phone: <u>(715) 715-1578</u>
Contractor: <u></u>	Contractor Phone: <u>(715) 715-1578</u>	Plumber: <u>Bakeman Plumbing</u>	Plumber Phone: <u>(715) 682-6050</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PROJECT LOCATION <u>SE 1/4 NE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-038-2-48-09-28-1</u>	PIN: (23 digits) <u>04-038-2-48-09-28-1</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1053</u> Page(s) <u>435</u>
Gov't Lot <u></u>	Lot(s) <u></u>	CSM <u>1053</u>	Vol & Page <u>1053-500</u>
Section <u>28</u> , Township <u>18N</u> , Range <u>09</u> , W	Town of: <u>0110</u>	Lot(s) No. <u></u>	Block(s) No. <u></u>
Subdivision: <u></u>	Lot Size <u></u>	Acreage <u>40</u>	

<input checked="" type="checkbox"/> Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: <u>350</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Distance Structure is from Shoreline: <u></u> feet		

Value at Time of Completion * include donated time & material <u>\$40,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>2" PVC</u>	<input type="checkbox"/> City
	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>2" PVC</u>	<input type="checkbox"/> Well	
	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>2" PVC</u>		
	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>42</u>	Width: <u>24</u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

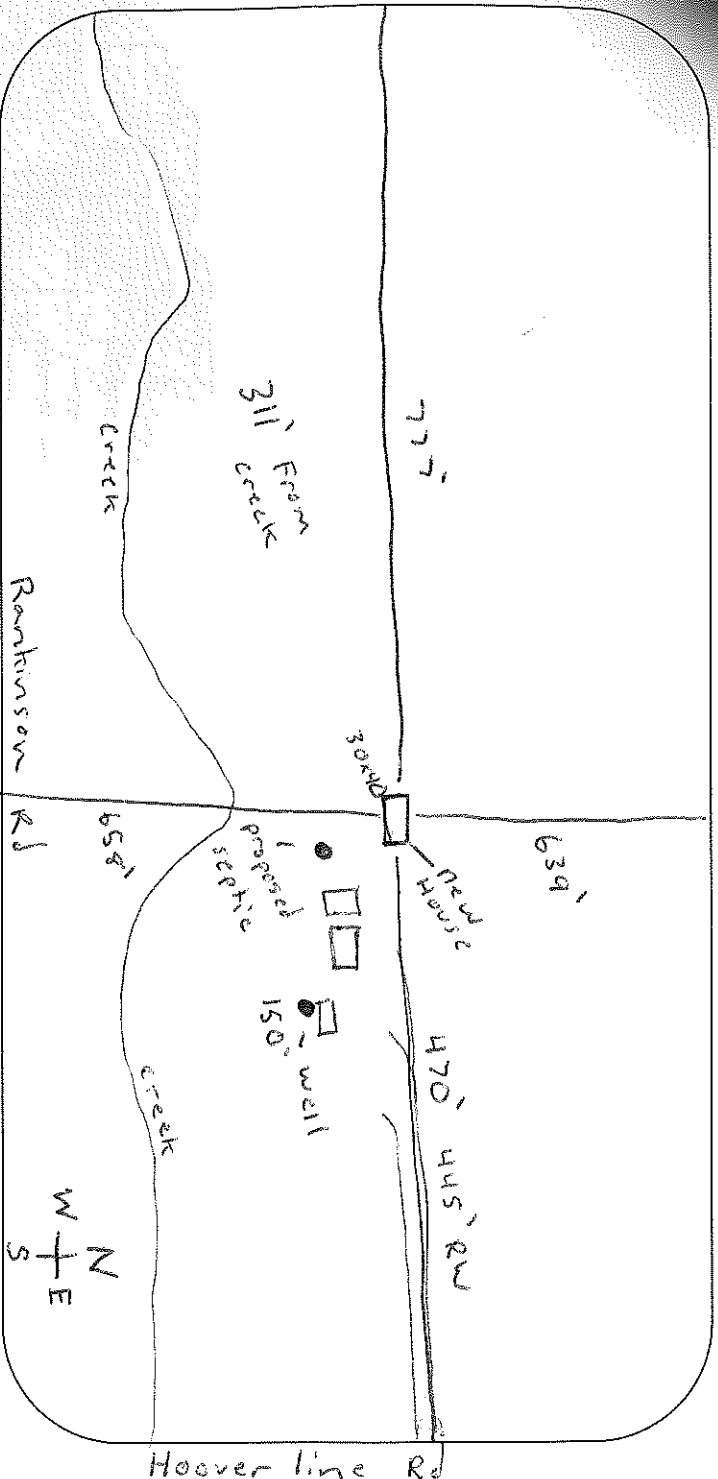
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with Loft	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with a Porch	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with (2 <sup>nd</sup> ) Deck	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with a Deck	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with (2 <sup>nd</sup> ) Deck	( <u>30</u> x <u>40</u> )	<u>1200</u>
	with Attached Garage	( <u>30</u> x <u>40</u> )	<u>1200</u>
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	Mobile Home (manufactured date)	( <u>30</u> x <u>40</u> )	<u>1200</u>
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/> Accessory Building (specify)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	<input type="checkbox"/> Special Use: (explain)	( <u>30</u> x <u>40</u> )	<u>1200</u>
	<input type="checkbox"/> Conditional Use: (explain)	( <u>30</u> x <u>40</u> )	<u>1200</u>
Rec'd for Issuance			
AUG 19 2013			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying upon this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jason Peterson Date 4-17-13  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: PO Box 111 Iron River WI 54847 Date   
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit PO Box 111 Iron River WI 54847  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

**Draw or Sketch your Property** (regardless of what you are applying for)

- Show Location of:**  
 Show / Indicate:  
 North (N) on Plot Plan  
 (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 All Existing Structures on your Property  
 (5) Show:  
 (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*):  
 (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (7) Show any (\*):  
 (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	470 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	445 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	639 Feet		
Setback from the South Lot Line	658 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	777 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	470 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	150 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>13-675</b>	# of bedrooms: <b>3</b>	Sanitary Date: <b>7-24-13</b>
Permit Denied (Date):	Reason for Denial:			
Permit #: <b>13-0850</b>	Permit Date: <b>8-19-13</b>			
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <b>Mutual setbacks.</b>		Zoning District (A-1) Lakes Classification (3)		
Date of Inspection: <b>7-10-13</b>	Inspected by: <b>M. Fuchs</b>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <b>M. Fuchs</b>	Date of Approval: <b>7-13</b>			
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$300	<input type="checkbox"/>



Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	120+ Feet	Setback from the River, Stream, Creek	290 Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	380+ Feet	Setback from Wetland	240+ Feet
Setback from the South Lot Line	180+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	400+ Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line		Setback to Well	250+ Feet
Setback to Septic Tank or Holding Tank	100+ Feet		
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0861	Permit Date: 8-21-13						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:							
Well Staked / Meets all setbacks.							
Date of Inspection: 8-14-13	Inspected by: M. Furtak	Zoning District (F-1)		Lakes Classification (3)		Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
May not be used for human habitation. No utility under pressure in structure.							
Signature of Inspector: Michael Furtak						Date of Approval: 8-19-13	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

# County, WI

## Aerial Map



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
AUG 23 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-08066  
Date: 8-23-13  
Amount Paid: \$75  
Refund: 8-23-13  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:									
Dulu Healthcare RESTORATIONS, INC.		4890 CO. HWY B3		IRON RIVER, WI 54847		715-372-4773									
Address of Property:		City/State/Zip:				Cell Phone:									
7105 MUSKEG ROAD		IRON RIVER, WI 54847				715-817-5569									
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:									
WOODMAN CONSTRUCTION CO.		715-364-2454		N/A		N/A									
Authorized Agent: (Person's Sign Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached OWNER									
DANAE J. LAHTI SR.		715-372-4773		4890 CO. HWY B3		YES									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)									
E 1/4 SE 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 27, Township 48 N, Range 9 W								P. 233						Lot Size	
								Town of: Dulu						Acreage	
														20 ACRES	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes—continue →		Distance Structure Is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material \$3,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HEADLINE</u>		
							<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<u>MUSKEG</u>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 Gallon)		
							<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
							<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None				

Existing Structure: (if permit being applied for is relevant to it)	Length: 80'	Width: 15'	Height: 17'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	X		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	X		
	<input type="checkbox"/> with Loft	( )	X		
	<input type="checkbox"/> with a Porch	( )	X		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( )	X		
	<input type="checkbox"/> with a Deck	( )	X		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( )	X		
	<input type="checkbox"/> with Attached Garage	( )	X		
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	X		
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	X		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( )	X		
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>WAGE-OP WISBEAR BUILDING</u>	( )	18' x 30'	360	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	X		
Rec'd for Issuance	<input type="checkbox"/>				
AUG 23 2013	<input type="checkbox"/>	Special Use: (explain)	( )	X	
Secretarial Staff	<input type="checkbox"/>	Conditional Use: (explain)	( )	X	
	<input type="checkbox"/>	Other: (explain)	( )	X	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property any reasonable time for the purpose of inspection.

Owner(s): Dan & J. Lahti, Sr. Paulina J. Lahti  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach

Address to send permit 4890 Co. Hwy B3, Iron River, WI 54847

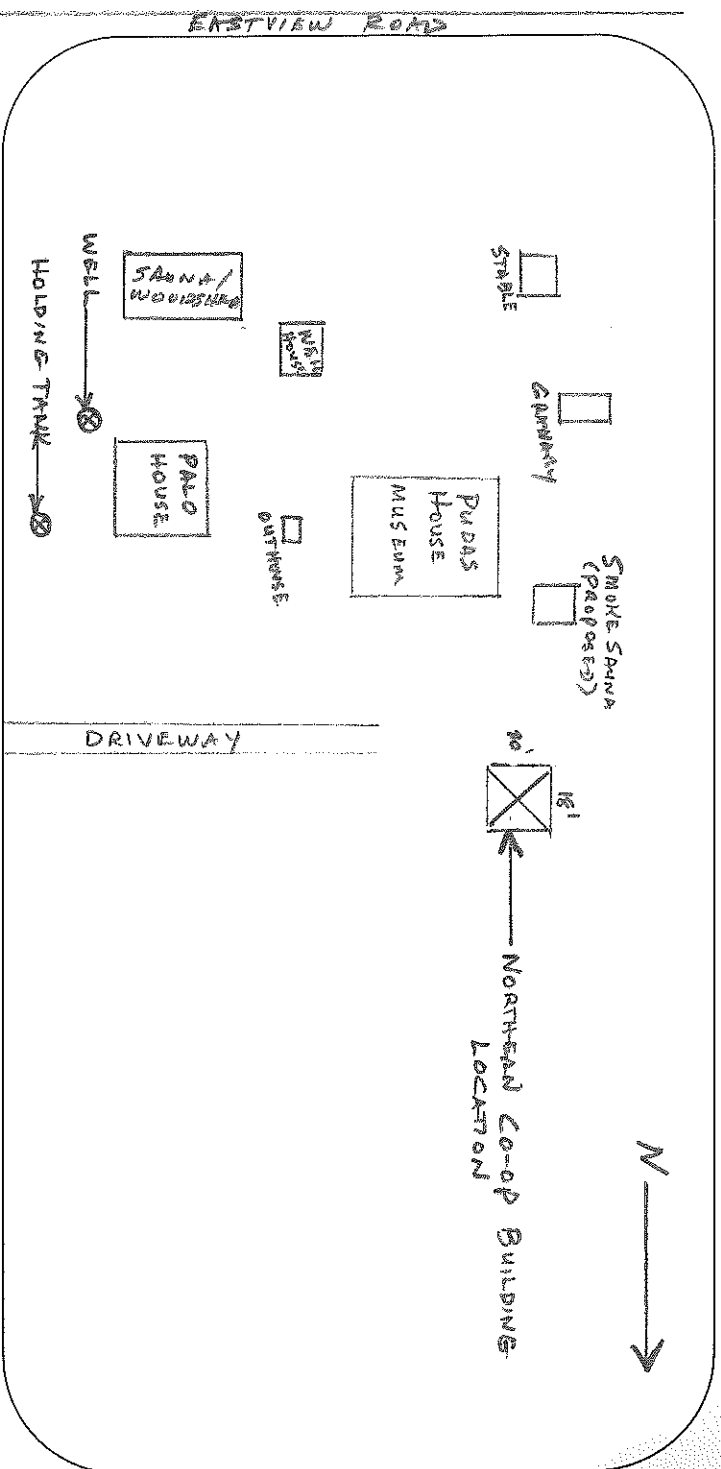
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

MUSKEG ROAD

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	385 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	898 Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	380 Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	250 Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	378 Feet		
Setback to Septic Tank or Holding Tank	284 Feet	Setback to Well	274 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0266		Permit Date: 8-23-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Fused/Contiguous Lot(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (A-1) Lakes Classification (NA)		Date of Re-Inspection:	
Date of Inspection: 8-21-13		Inspected by: M. Frutkin			
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Human habitation		Date of Approval: 8-22-13	
Signature of Inspector: Michael Stuchlik		Human habitation			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	